

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

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CODE NO.

Pick Up: 3-6-77 Time: ☐ am ☐ pm
(DATE)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: No. of Loads or Trips: Unit No. 4

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Steve Pinsky
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)			
Name (print or type):	Operating Ltd		<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Site Address:	Luttery Pk		CODE NO.
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.			

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.

☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
☐ other (specify): _____ CODE NO.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 2-6-79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

q P F Hughes
SIGNATURE OF AUTHORIZED AGENT AND TITLE

D.O.T. Proper Shipping Name

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